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U.S. Department of Justice

PROCESS RECEIPT AND RETURN

United States Marshals Service

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF						COURT CASE NUMBER		
Edwin Maldonado						21-cv-3719-VB		
DEFENDANT	······································					TYPE OF PROCESS		
Gunsett et al						Summons & 2nd Amended Complaint		
A CONTRACTOR OF THE CONTRACTOR	individual, o nt Maligen	COMPANY, CO	RPORATION, E	TC. TO SERVE	OR DESCRIPTI	ON OF PROPERTY T	O SEIZE OR CONDEMN	
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Green Haven Correctional Facility 594 Route 216 Stormville, NY 12582								
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW						Number of process to be		
Edwin Maldonado 02-A-6040						served with this Form 285 Number of parties to be		
Mid-State Correctional Facility						served in this case		
P.O. Box 2500						Check for service		
Marcy, NY 13403 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include)						on U.S.A.		
All Telephone Numbers, and Estimat		,						
Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF TELEPHONE						NUMBER	DATE	
AshleyA. DEFENDANT						2/1/2022		
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE								
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <u> </u>	District to Serve No. 214	Signature of Au	uthorized USMS	Deputy or Clerk	2/1/27	
I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.								
1 hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)								
Name and title of individual served (if not shown above)						Date 3/25/20	Time am	
Address (complete only different than shown above)						Signature of U.S. Ma	arshal or Deputy	
Costs shown on attached USMS Cost Sheet >>								
REMARKS NWABLE T IN PKRSO	n en	CRTE	=5				Up of N.Y.	